



Board of Policemen's Relief
Petition for Widow/Widower Benefits R.I. G.L 45-19

Date: _____
Name: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ SSN: _____

FOR OFFICIAL USE ONLY

Case Number: _____
Start Date: _____
Initial Amount: _____
on Pay Period _____
Annuity Amount: _____
Comments: _____

Name of Deceased: _____ Date of Death: _____

Dependents:

- 1.) Name: _____ Date of Birth: _____
- 2.) Name: _____ Date of Birth: _____
- 3.) Name: _____ Date of Birth: _____
- 4.) Name: _____ Date of Birth: _____

Guardian Name: _____ Phone: _____

CHECK ONE or BOTH:

- I, the undersigned, am the widow or widower. I understand that I am eligible for annuity payments only as long as I remain unmarried. I must notify the Board at least 30 days before the intended date of remarriage.
- I, the undersigned, am parent or guardian for the above-listed dependent(s) who is/are eligible for benefits only until age 18 (except under special circumstances for eligibility authorized by the Board). I must notify the Board 60 days before a dependent child becomes eighteen(18) years of age.

PLEASE INCLUDE:

- Death Certificate
- Service Certification Letter
- Dependent(s) Birth Certificates

MAIL TO:

RI Department of Labor and Training
Board of Police Officers' Relief
1511 Pontiac Avenue
Cranston, RI 02920

Signature
Subscribed and sworn to before me
at _____ this _____ day of _____, 20____.

Notary Public
Commission expires on: _____